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S.D. SEC. OF STATE

Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-2797

APPLICATION FOR CERTIFICATE OF AUTHORIZATION TO PROVIDE POSTSECONDARY EDUCATION

Please mark the appropriate box:								
		PPLICATION		CHANGE OF PRIM	MARY ADDRES	S		
	☐ CHANGE	OF NAME	☐ CHANGE IN ADDITIONAL SITES (ATTACHMENT A)					
	☐ CHANGE	IN ACCREDITATION		OTHER CHANGE	S)			
1.		t (the institutional name under whi uthern University	ich po	ostsecondary educa	tional programs	are provided):		
2.	Applicant's Main A	address (Additional sites listed on ern Drive	n Attachment A):					
	(Street Address)							
	Statesboro			GA		30460		
	(City)			(State)		(ZIP Code)		
	http://www.g	eorgiasouthern.edu					3000)	
	(Website)							
3.	Contact Person:	Dr. Jean Bartels			Provost &	VPAA		
V .	50/m30t : 5/50/m	(Name)			(Title)			
		912-478-5258			912-478-5	5279		
		(Telephone Number)			(Fax Number)			
	jbartels@georgiase		the	rn.edu				
		(Email Address)		***************************************				
4	Does the Apolican	t operate at other sites than the a	ddres	ss stated above?	☐ YES	⊠ NO		

If "YES", please be advised that Attachment A to this Application must be completed, which shall comprise part of this Application, and any subsequent changes to the information provided in Attachment A must be submitted with a revised Application to the Secretary of State Office, within thirty (30) days of such change.

5.	Does the Applicant have a parent organization (n	non-profit, corporate, or otherwise)?	¥ YES □ NO			
	If "YES", please indicate the following:					
	University System of Georgia					
	(Parent Organization Name)					
	270 Washington Street, SW					
	(Street Address)					
	Atlanta	GA	30334			
	(City)	(State)	(ZIP Code)			
6.	Is the Applicant an instrumentality of the State un	nder the jurisdiction of the South Dakot	a Board of Regents?			
	☐ YES ☒ NO If "NO", please indicate whether the A	Applicant is either (check one of the fo	llowing):			
	An instrumentality of another state State	e (please list the state agency which have agency which have agency Agency University S				
	Address 270 Washingto	on Street, SW				
		State GA	Zin Code 30334			
	Contact Phone Number 404-962-3060					
			·			
	Contact Website http://wv	vw.usg.edu/contacu				
	Legally established to operate in	South Dakota as a private business er	ntity			
	South Dakota Corporate ID					
		me				
	South Dakota Corporate Nar					
	Legally established to operate in	ally established to operate in South Dakota as a not-for-profit corporation.				
	South Dakota Corporate ID					
	South Dakota Corporate Nar	me	-			
7.	Is the Applicant accredited by an accrediting age	ncy recognized by the United States E	Department of Education?			
	⊠ yes					
	Couthorn	Association of Colleges and	Schools			
	Accrediting Agency: Southern 1866 Southern Lane					
	(Street Address)					
	Decatur	GA	30033			
	(City)	(State)	(ZIP Code)			

Effect	tive date of most recent grant of accreditation:	2006		
Term or expiration date of most recent accredi		2015		
□ NO	make another postsecondary institution, which by the United States Department of Education	ntation of an affiliation agreement whose terms h is accredited by an accrediting agency recognized h, responsible for awarding academic credit and hintaining transcripts for such students:		

The undersigned acknowledges that Applicant is required to notify the Secretary of State Office within thirty (30) days of a change in information set forth in this Application, including any changes in information set forth in any Attachments or other accompanying information. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein, and in support thereof, is true and correct.

The application must be signed by an authorized officer of the postsecondary educational institution:

Dated July 24, 2013

(Signature of an authorized officer)

Dr. Jean Bartels

(Printed name)

Provost and VPAA

(Title)

Submit Application to:

South Dakota Secretary of State Corporations Division 500 East Capitol, Suite 204 Pierre, SD 57501

> Or email us at: SOS.EDU@state.sd.us

Exemptions

If the institution falls under one or more of the following categories, the institution is exempt from registering.

- Established by the government of the United States;
- Established by the government of an Indian tribe whose tribal lands are located, in whole or in part, in South Dakota;
- Established, owned, controlled, operated, and maintained by a religious organization lawfully operating as a nonprofit religious corporation and awarding only religious degrees or certificates for the purpose of conferring clerical status or authority within that religion; or
- Subject to the jurisdiction and regulations to the South Dakota Cosmetology Commission.

ATTACHMENT A

ADDITIONAL SITES AT WHICH APPLICANT OPERATES EDUCATIONAL PROGRAMS

(Must be accompanied by an Application for Certificate of Authorization to Provide Postsecondary Education)

1.			
1.	(Name)		
	(Street Address)		
	(City)	(State)	(ZIP Code)
2.			
	(Name)		
	(Street Address)		
	(City)	(State)	(ZIP Code)
3.	(Name)		
	(Street Address)		
	(City)	(State)	(ZIP Code)
1.	(Namo)		
	(Name)		
	(Street Address)		
	(City)	(State)	(ZIP Code)

(Make additional copies of this Attachment as may be necessary and submit with Application)